ANDY MCGARRAHAN, Ph.D. 12820 Hillcrest Rd., Ste.217 Dallas, TX 75230 972-726-9100 Fax 972-726-9101

CHECKLIST OF ITEMS FOR FIRST SESSION

To be completed by parent

 Psychotherapist-Patient Services Agreement (Provides detail information about working with Dr. McGarrahan in psychotherapy. Please read the agreement prior to the first session.

o History Form (Please complete and return with you at first session).

For parent(s) records

 Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information (This is for you to keep for your records). Please sign and return the Notice of Privacy Practices Acknowledgment of Receipt form to first session.

PARENT(S)/GUARDIANS <u>IMPORTANT</u>: If applicable, please bring a copy of any court papers that specify who has legal authority to make decisions regarding the health care of the son or daughter who will be seen by Dr. McGarrahan in psychotherapy. PLEASE BRING THIS TO THE FIRST SESSION. Thank you.